

RESERVATION OF McFALL MEMORIAL CHAPEL

3

| | | | |
|----------------------------------|--|---------------|---------------------------|
| | | | Date _____ |
| Rate/Rank _____ | Name (Last) _____ | (First) _____ | (MI) _____ |
| | | | SSN (Sponsor's SSN) _____ |
| Duty Station _____ | Department _____ | | Phone # _____ |
| Date and Time of Event _____ | Purpose for which Chapel is to be used _____ | | |
| Date and Time of Rehearsal _____ | | | |

ADDITIONAL INFORMATION NEEDED FOR WEDDINGS

| | |
|---|---|
| Groom's Full Name _____ | Bride's Full Name _____ |
| Address (include City/State/Zip Code) _____ | Address (include City/State/Zip Code) _____ |
| Daytime Phone # _____ | Daytime Phone # _____ |

| | |
|----------------------------------|---|
| Name of Officiating Clergy _____ | Address/Phone # of Officiating Clergy _____ |
|----------------------------------|---|

1. Will the Chapel organist be used? If not, give name, address, and phone # of the organist/pianist. _____

2. Have floral arrangements been made? _____

3. Will you be dressing for the wedding at the Chapel? _____

I have read, understand and will comply with the Weddings in the McFall Memorial Chapel regulations and guidelines.

Signature _____

Approved by:

Command Chaplain _____